

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/806445

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
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TOTAL IND.	2		2			
TOTAL DEP.	12		13			
TOTAL CLAIMS	14		15			

	*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
	IND.			IND.			IND.		
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TOTAL IND.									
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TOTAL CLAIMS									

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS